

<b><i>Index of Claims</i></b>		Application/Control No.	Applicant(s)/Patent Under Reexamination
		10511490	BONDARENKO ET AL.
Examiner		Art Unit	
ROBERT XU		1797	

✓	Rejected	-	Cancelled	N	Non-Elected	A	Appeal
=	Allowed	÷	Restricted	I	Interference	O	Objected

Claims renumbered in the same order as presented by applicant       CPA       T.D.       R.1.47

CLAIM		DATE					
Final	Original	11/18/2008					
1	-						
2	-						
3	-						
4	-						
5	-						
6	-						
7	-						
8	-						
9	-						
10	-						
11	-						
12	-						
13	-						
14	-						
15	-						
16	-						
17	-						
18	-						
19	-						
20	-						
21	-						
22	-						
23	-						
24	-						
25	-						
26	-						
27	-						
28	-						
29	-						
30	-						
31	-						
32	-						
33	-						
34	-						
35	-						
36	-						

<b><i>Index of Claims</i></b>		Application/Control No.	Applicant(s)/Patent Under Reexamination
		10511490	BONDARENKO ET AL.
Examiner		Art Unit	
ROBERT XU		1797	

✓	Rejected	-	Cancelled	N	Non-Elected	A	Appeal
=	Allowed	÷	Restricted	I	Interference	O	Objected

Claims renumbered in the same order as presented by applicant       CPA       T.D.       R.1.47

CLAIM		DATE					
Final	Original	11/18/2008					
	37	-					
	38	-					
	39	-					
	40	-					
	41	-					
	42	-					
	43	-					
	44	✓					
	45	✓					
	46	✓					
	47	✓					
	48	✓					
	49	✓					
	50	✓					
	51	✓					
	52	✓					
	53	✓					
	54	✓					
	55	✓					
	56	✓					
	57	✓					
	58	✓					
	59	✓					
	60	✓					
	61	✓					
	62	✓					
	63	✓					
	64	✓					
	65	✓					
	66	✓					
	67	✓					
	68	✓					
	69	✓					
	70	✓					
	71	✓					
	72	✓					

<b><i>Index of Claims</i></b>	<b>Application/Control No.</b>	<b>Applicant(s)/Patent Under Reexamination</b>
	10511490	BONDARENKO ET AL.
	<b>Examiner</b>	<b>Art Unit</b>
	ROBERT XU	1797

✓	<b>Rejected</b>	-	<b>Cancelled</b>	N	<b>Non-Elected</b>	A	<b>Appeal</b>
=	<b>Allowed</b>	÷	<b>Restricted</b>	I	<b>Interference</b>	O	<b>Objected</b>

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant	<input type="checkbox"/> CPA	<input type="checkbox"/> T.D.	<input type="checkbox"/> R.1.47
<b>CLAIM</b>		<b>DATE</b>	
Final	Original	11/18/2008	
	73	✓	
	74	✓	